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d to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE I Substitute for Fo	Application of pocket Number 09/925/92								
CLAIMS AS FILED - PART	(Column 2)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY					
FOR NUMBER FILED	NUMBER EXTRA	RATE FEE	ł	RATE FEE					
BASIC FEE (37 CFR 1.16(a))		s/	OR	\$					
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =	0	x \$=	OR	x s=					
INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = *		x \$=	OR	x \$					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.	16(d))	+s /=	OR	+s =					
* If the difference in column 1 is less than zero, enter "0" in		TOTAL	OR	TOTAL					
if the difference in containing this less than 2010, onto a microstania 2.									
CLAIMS AS AMENDED - PAR	1 11		OR	OTHER THAN					
(Column 1)	umn 2) (Column 3)	SMALL ENTITY	J	SMALL ENTITY					
	HEST HBER PRESENT OUSLY EXTRA	RATE ADDITIONAL		RATE ADDI- TIONAL FEE					
Total * Minus **	1 = /	x \$=	OR	x \$=					
AFTER PREVIOUS AFTER AMENDMENT PAID Total (37 CFR 1.18(c)) Independent (37 CFR 1.18(b)) EIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM		× \$=	OR	x \$ _=					
V FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	M (37 CFR ¹ 1.16(d))	1. /-	OR	+./ =					
FIRST PRESENTATION OF MOLTIFLE BLF CHOCKT OF STATE	(07 01 11 15(0))	TOTAL	1	TOTAL					
		ADØ'L FEE	OR	ADD'L FEE					
(Column 1) (Col	lumn 2) (Column 3) /		í						
m / U/ns/ REMAINING NUM	MBER PRESENT OUSLY EXTRA	RATE ADDI- TIONAL FEE		RATE ADDI- TIOMAL FEE					
Total * Minus **	7 = /	x \$=	OR	x \$=					
(37 CFR 1.16(c)) Independent (37 CFR 1.18(b))		x \$	OR	x \$=					
AFTER AMENDMENT PAID Total (37 CFR 1.16(c)) Minus Minus Total (37 CFR 1.16(c)) Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR	M (37 CFR 1 16(d))	7	OR	+					
FIRST PRESENTATION OF MULTIPLE DEPENDENT COM	(37 (31) 1.10(2))	TØTAL	1	TOTAL					
·		ADD'L FEE	J OR	ADD'L FEE					
(5)	umn 2) (Column 3) HEST		7						
O 119/A REMAINING NUM	MBER PRESENT OUSLY EXTRA	RATE ADOI- TIONAL FEE		RATE ADDI- TIONAL FEE					
Total Minus Minus Minus Minus	0 = /	x s=	OR	x \$/=					
AFTER PREVIOUS AMENDMENT PAID Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIL	=	x s=/	OR	x s					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR	M (37 CFR 1.16(d))	+\$ =	OR	+ \$ _ =					
	· · · · · · · · · · · · · · · · · · ·	TOTAL ADO'L FEE	OR	TOTAL ADD'L FEE					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

								Application or Docket Number						
	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 9/9/25/92											· .		
	CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		TY .	OR	OTHER THAN			
TOTAL CLAIMS							RATE F		EE	7	RATÉ	FEE		
FOR		NUMBER FILED N		NUM	BER EXTRA	BASIC'FE		EE 38	5.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			·mi	ninus 20=				X\$ 9=		•	OR	X\$18=		
I }—	DEPENDENT C		minus 3 =			X43= .			OR	X86≈				
MI	MULTIPLE DEPENDENT CLAIM PRESENT							+145=			OR	+290=		
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2						-	TOTAL			OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL									ENT	ITY	OŘ	OTHER SMALL		
ENT A	Filed 11/04	CLAIMS REMAINING AFTER AMENOMENT	1.	HIGHI NUME PREVIO PAID F	BER HUSLY	PHESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 5	Minus	-15		a		X\$ 9=			OR	X\$18≈		
AME	Independent	<u> - </u>	Minus	~3		- -		X48=	1		ОВ	X86=		
L	FIRST PRES	NTATION OF MI	JUIPLE DE	ENDENI	CLAIM			+145=		$\overline{}$	OR	+290=		
							۵	DDIT. FE			OR	YOTAL NOOIT, FEE		
		(Column 1)		(Colum		(Column 3)				•	,			
AMENDMENT B	8-1-05	CLAIMS REMAINING AFTER - AMENDMENT	. 149 aan	HIGHE NUMB PREVIO PAID F	IER U\$ĿY∙~	PRESENT		RATE	AD TIOI FE	- 1		RATE	ADDI- TIONAL FEE	
NO.	Total	. 5	Minus	- 2	0	= /.		X\$ 9=			OR	X\$18=		
AME	Independent	<u> </u>	Minus	3	<u>.</u>	- / :		X43=			OR	X86=	7	
ليا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						. [+145=	17		OR	+290=	1	
		•					L A	TOTAL			OR ,	TOTAL DOIT, FEE	<i>/</i> ·	
12	2305	(Column 1)	•	(Colum	n 2)	(Column 3)						•		
AMENDMENT C	Water St.	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRI		RATE	ADI TION	IAL		RATE	ADDI- TIONAL FEE	
Š	Total	. \leq	Minus /	B		- /	l	X\$ 9=	Y		OR	X\$18=		
AME.	Independent	. 16	Nainus	1.	St. 4 ** *	-/		X43=		7	OR	X86=	• 🖒	
لنا	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM	 	r	+1,45=		\neg	OR	290=	•	
		on 1 is less than to ober Previously Pa					L	/ TOTAL			~ <i>!</i>	TOTAL		
***	I the "Highest No	nbor Previously Pa	is For IN THE	SPACE is	less that	i 3, enter "3." .	•	OIT. FEE o in the ao	oroone	—	/ ^	DDIT. FEE L ma 1.		
	The "Highest Humber Previously Paid Fer" (Total or Independent) is the highest number found in the appropriate box in column 1.													